

## Loudoun County Health Department P.O. Box 7000

Leesburg VA 20177-7000

**Environmental Health** Phone: 703 / 777-0234 Fax: 703 / 771-5023

Community Health Phone: 703 / 777-0236 703 / 771-5393

## APPLICATION FOR HEALTH DEPARTMENT REVIEW OF SOIL AS PART OF LAND DEVELOPMENT PROPOSAL

	Prerequisite to Acce	eptance
☐ COMPLETED APPLICATION	SURVEY PLAT	☐ DETAILED
DIRECTIONS	_	
APPROPRIATE FEES (SEE FEE SCI	HEDULE)	EPORT
Type of sewage disposal:		Number of lots:
		Number of sites:
;	☐ Other	Describe:
Type of water supply:	Communal:	Number of lots:
Type of water supply.		Number of sites:
	Other	Describe:
Applicant's Name:		
Applicant's Address:		
Owner's Name:	7.4	
Owner's E-Mail		
Onsite Soil Evaluator:		Contact #
This is to authorize the Loudo	oun County Health Department	and their agents access to the
property located at Tax Map #	, PIN #	for the
purpose of conducting soils e	valuations and other related test	s. The County will not be held liable for
		ivestock prior to, during, or after the
evaluation. Filling of the test l	noles or pits is the owner / appl	icant's responsibility.
Owner's Signature:		Date:
Γhe above information was re	ceived on hy	Application #
aco vo miormanon was re	Date In	Application #

